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13049 U.S. PTO
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1789-11801 (Tech ID# 23031)
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First Named Inventor	Andrew SWICK et al.
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Title	Computer Aided Piano Voicing
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Express Mail Label No.	EV 303485363 US
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Arlington VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>				
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>				
3. <input checked="" type="checkbox"/> Specification [Total Pages 34] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 				
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]				
5. Oath and Declaration [Total Pages 1] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 				
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76				
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 				
ACCOMPANYING APPLICATION PARTS				
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)				
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)				
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations				
13. <input type="checkbox"/> Preliminary Amendment				
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>				
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)				
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
17. <input type="checkbox"/> Other:				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) <i>Prior application information:</i> Examiner _____ of prior application No.: _____ <i>Group/Art Unit:</i> _____				
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number of Bar Code Label		23505	or <input type="checkbox"/> Correspondence address below	
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	<u>MARCELLA D. WATKINS</u>		Registration No. (Attorney/Agent)	36,962
Signature	<u>M. Watkins</u>		Date December 15, 2003	

116055.01/1789-11801

The collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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ORIGINAL

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FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 457.00

Complete if Known

Application Number	Not Yet Known
Filing Date	Concurrently Herewith
First Named Inventor	Andrew SWICK et al.
Examiner Name	Not Yet Known
Art Unit	Not Yet Known
Attorney Docket No.	17879-11801 (Tech ID #23031)

METHOD OF PAYMENT (Check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account Credit any overpayments

FEE CALCULATION (continued)

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
1001 770	2001 385	Utility filing Fee		\$ 385.00		
1002 340	2002 170	Design filing fee		\$		
1003 530	2003 265	Plant filing fee		\$		
1004 770	2004 385	Reissue filing fee		\$		
1005 160	2005 80	Provisional filing fee		\$		

SUBTOTAL (1) \$385.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below	Fee Paid
Total Claims	28 20	= 8 x	9.00 = \$72.00
Independent	2 3**	= * x	86.00 = \$0.00
Claims			
Multiple Dependent		290.00	= \$ 0.00

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Fee	Fee	Fee	Fee Description
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent Claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) \$72.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	MARCELLA D. WATKINS	Registration No. (Attorney/Agent)	36,962	Telephone	(713) 238-8000
Signature			Date	December 15, 2003	

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116092.01/1789-11801

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